Division of Health Service Regulation

		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01		(X3) DATE SURVEY COMPLETED		
		HAL060031	B. WING		08/0	5/2016	
				STATE, ZIP CODE	•		
PRESTON HOUSE 4910 HARRIS WOODS BOULEVARD CHARLOTTE, NC 28269							
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPROPERTION OF T	D BE	(X5) COMPLETE DATE	
C 000	Initial Comments		C 000				
	Strickland on 08/05 Records indicate th originally submitted and Preston House licensure on 10/21/Declaratory Ruling licenses were constast an Adult Care 40 the existing license LLC. Based on this the facility to meet the Building Code, Volu 409 special Institution revision). Also, the of Adult Care Home the 2005 Regulation LICENSED 40 BED	at the Preston House I facility, for licensure on 06/05/1997, II, originally submitted for 1999, were combined after a on 10/07/2009 and both olidated into a single license 0-bed Special Care Unit, under number for Preston House I, information, we are requiring he 1996 North Carolina State me I- General Construction onal Occupancies with (1997 1996 Rules for the Licensing and applicable portions of the SPECIAL CARE UNIT					
C 164	Housekeeping and	Furnishings-Clean, Repaired	C 164				
	FURNISHINGS (a) Adult care home (1) have walls, ceilicoverings kept clea (2) have no chronic (3) have furniture of (e) This Rule shall facilities. This Rule is not me	es shall: ings, and floors or floor n and in good repair; c unpleasant odors; lean and in good repair; apply to new and existing					

Division of Health Service Regulation
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

(X6) DATE TITLE

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPL A. BUILDING:	E CONSTRUCTION (X3) DATE SU COMPLE		
		HAL060031	B. WING		08/0	5/2016
NAME OF	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE		
PRESTON HOUSE 4910 HARRIS WOODS BOULEVARD CHARLOTTE, NC 28269						
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPROI DEFICIENCY)	D BE	(X5) COMPLETE DATE
C 164	Continued From page 1		C 164			
	close properly to prevent the passage of smoke.					
	Findings on 08/05/2016: The Attic Storage Room entry door drags on the floor and it not secured at the top door hinge in Preston I Building.					
		ation, the facility has not viced the HVAC supply and				
		2016: turn-air grilles have excessive located in the Preston I				
C 166	Housekeeping-Maii	ntained Free of Hazards	C 166			
	FURNISHINGS (a) Adult care home (5) be maintained i orderly manner, fre- hazards;	06 HOUSEKEEPING AND				
		ation, the facility has failed to ered and clean environment in				
	Preston I Facility had insulation and related laying all the floor s	2016: al Room that is located in the as excessive amounts of pipe ed construction debris that are urfaces around the HVAC rner of the room. This				

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Division of Health Service Regulation

		(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY	
AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		IDENTIFICATION NOWIDER.	A. BUILDING: 01		COMPLETED	
		HAL060031	B. WING		08/0	5/2016
NAME OF F	PROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, S	STATE, ZIP CODE		
PRESTO	N HOUSE			S BOULEVARD		
			TTE, NC 282			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPROFILIENCY)	SHOULD BE COMPLETE	
C 166	Continued From page 2		C 166			
	condition could create trip hazards and potentually a fire hazards.					
C 199	Exhaust Ventilation	Exhaust Ventilation				
	Exhaust Ventilation SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0311 OTHER REQUIREMENTS (g) The spaces listed in this Paragraph shall be provided with exhaust ventilation at the rate of two cubic feet per minute per square foot. This requirement does not apply to facilities licensed before April 1, 1984, with natural ventilation in these specified spaces: (1) soiled linen storage; (2) soil utility room; (3) bathrooms and toilet rooms; (4) housekeeping closets; and (5) laundry area. (k) This Rule shall apply to new and existing facilities with the exception of Paragraph (e) which shall not apply to existing facilities. This Rule is not met as evidenced by: 1-Based on observation, this facility failed to provide an environment in accordance with this Rule by not providing ventilation where odors are generated. This could affect residents and staff by subjecting them to house-keeping odors. Findings on 08/05/2016: The mechanical exhaust fans are not exhausting interior air in the following locations: (a) All of the resident bathrooms in the Preston II Building. (b) All of the staff and guest bathrooms.					

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